



VETERANS MILLENNIUM HEALTH CARE AND BENEFITS ACT

LONG TERM CARE (LTC) COPAYMENT

USER MANUAL

Patch EAS*1*7

May 2002

Revision History

Date	Description	Author
4/10/02	Initial Draft Version	Karen Stella
4/23/02	Revised based on team feedback	Karen Stella
5/30/02	Minor revisions to finalize for release	Karen Stella

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Introduction

Overview

The Veterans Millennium Health Care and Benefits Act, Public Law 106-117, Sec. 101, mandates the application of copayments for veterans receiving Long Term Care (LTC) services. The LTC Copayment software is designed to work in conjunction with software currently in place for determining veteran medical and pharmacy copayment obligations and benefit eligibility based on military history, service-connected disabilities, and financial input.

Phase 1 introduced the following LTC Copayment functionality:

- Allowed users to enter, edit, store and print financial information given by the veteran on the 10-10EC Application for Extended Care Services.
- Allowed users to designate a veteran who is exempt from the LTC copayments and the reason for the exemption.
- Using the financial information entered from the 10-10EC form, automatically calculated and displayed or printed an estimate of the LTC copayments that the veteran will be obligated to pay for the next twelve months.
- Provided Integrated Billing with a veteran's copayment amount via an API.

Additionally, Phase 2 provides the following functionality:

- Automates eligibility exemptions
- LTC Copayment Exemption Test
- Spend-down calculations

Training

Due to the complex nature of the business processes associated with the placement of veterans in LTC programs, and the sensitive nature of using financial resources to determining copayment obligations, training of VAMC staff has become a paramount issue. For information about LTC Copayment training, refer to the Enrollment Training Initiatives web page on the VistaU web site at <http://vaww.vistau.med.va.gov/Enrollment/default.htm>.

Purpose

The purpose of this user manual is to provide instructions for using the LTC Copayment menu and associated menu options, including the LTC Copayment Exemption Test submenu.

Related Manuals

The following related manuals are also being released with the LTC Copayment Phase 2 software.

File Name	Manual Name	Description
EAS_1_P7_IG.PDF	LTC Copayment Phase 2 Installation Guide	Provides detailed instructions for installing the LTC Phase 2 Copayment software.
EAS_1_P7_RN.PDF	LTC Copayment Phase 2 Release Notes	Provides a high-level overview of new functionality and enhancements and modifications to previously released functionality
EAS_1_P7_TM.PDF	LTC Copayment Technical Manual	Provides technical information for technical staff that are responsible for implementing and maintaining the LTC Copayment software
IVM_2_P49_TM.PDF	Update to IVM V. 2.0 Technical Manual	Update to HL7 ZMT segment in IVM V. 2.0 Technical Manual (revised IVM V. 2.0 Technical Manual will be available from download the VISTA Documentation Library at http://vista.med.va.gov/vdl/#App44).

To download from ANONYMOUS.SOFTWARE

1. Go to the anonymous.software directory.
2. Ftp the files listed in the table above. Remember to use binary format.

To download from VISTA Documentation Library (VDL)

1. Point your browser to <http://vista.med.va.gov/vdl/#App121>
2. Click on the appropriate icon to download the format you want.

Using the Software

Important Notice about the Regulation Effective Date

The effective date of the federal regulation governing Copayments for Extended Care Services is JUNE 17, 2002. This software may be installed before the effective date, but the LTC Copayments menu options should not be made available to users until JUNE 17, 2002.

Assignment of User Options

Patch EAS*1*7 does not attach user options to any specific menus. The LTC Copayment options will need to be assigned to the users who will be entering LTC data at your facility. Contact your IRM Service for assistance.






LTC Copayments Menu

Overview

Option Name	Brief Description
LTC Copayments Menu	This is the menu that contains the options for the LTC Copayments application.
Add a New LTC Copayment Test	This option enables you to add a new LTC Copayment Test for a patient. The information entered will be from Form 10-10EC, Application for Extended Care. If all of the required information is entered, the test can be completed, and the 10-10EC form can be printed.
Edit an Existing LTC Copayment Test	This option enables you to make changes to data in an existing LTC Copayment Test. If all of the required information is entered, the test can be completed, and the 10-10EC form can be printed.
View a LTC Copayment Test	This option displays all of the screens containing the information for a selected LTC Copayment Test. It does not allow editing.
Print Application for Extended Care (1010-EC)	This menu option allows the selection and printing of an LTC Copayment test.
Calculated LTC Copayments Print	This option enables you to display or print the calculated LTC copayments for a selected veteran.
LTC Copay Exemption Test Menu ...	<p>This is a submenu of the LTC Copayments application. It contains the options pertaining to the LTC Copayment Exemption Test.</p> <ul style="list-style-type: none">• Delete a LTC Copay Exemption Test• Edit an Existing LTC Copay Exemption Test• LTC Copay Exemption Test View• View LTC Copay Exemption Test Editing <p>Note: There is no Add option on this menu. The LTC Copayment Exemption Test is automatically created based on the veteran's means test.</p>

Add a New LTC Copayment Test

Before you start, please note:

-  The patient must exist in the PATIENT file before you use this option.
-  All LTC Copayment Test financial information is for the CURRENT income year.
-  Current year marital status and spouse residing in community must be answered for accurate calculation of the LTC copayment amounts.
-  The prompts in this option were designed to follow the flow of VA Form 10-10EC. Refer to Appendix A of this manual for a sample VA Form 10-10EC.
-  Refer to Appendix B of this manual for sample data screens.

Use this option to

- Add and complete a new LTC Copayment Test for a patient.
- Print a completed VA Form 10-10EC for the selected patient.

How to use this option

1. Select the patient for whom you are adding a LTC Copayment Test.
2. Enter the date of the test (the default is the current date).
3. The software determines the patient's LTC Copayment status, and the results are displayed on your screen. If the patient is exempt from LTC copayments, the reason for exemption will also be displayed, and you return to Step 1.

... checking if veteran is exempt from LTC copayments ...

```
=====
Veteran is EXEMPT from Long Term Care copayments.
Reason for Exemption: COMPENSABLE SC DISABILITY
=====
```

If the patient is not exempt from LTC Copayments, the following message displays, and you go to Step 4.

... checking if veteran is exempt from LTC copayments ...

```
=====
Veteran is NOT EXEMPT from Long Term Care copayments and
must complete a 10-10EC form.
=====
```

4. If the veteran declines to give income information, go to Step 5. If the veteran agrees to give income information, go to Step 6.

Add a New LTC Copayment Test, continued

5. The “Does the veteran agree to pay copayments? YES//” prompt appears only if the veteran declines to give income information. You can optionally enter comments. If the veteran does not agree to pay copayments, you are prompted to enter comments, then to print the 10-10EC.
6. Screens 1 (MILITARY SERVICE DATA) and 2 (ELIGIBILITY STATUS DATA) will display. (Refer to Appendix B of this manual to see samples of these screens.) You cannot edit the data on these screens via the LTC Copayment Menu options. To edit this data, use the Load/Edit Patient Data option in the Registration Menu of the Admission, Discharge, and Transfer (ADT) software.
7. Use the List Manager actions at the bottom of Screen 3 (MARITAL STATUS/DEPENDENTS), to enter the appropriate marital status and dependents information.

Action Short Name	Action Long Name	Description
DA	Spouse/Dependent Add	Allows you to add a new dependent. The dependent can either be a spouse or other dependents. The software will prompt for the LTC copayment test information questions if the dependent is added when using the Add a New LTC Copayment Test or Edit an Existing LTC Copayment Test options.
AD	Add to LTC Copay Test	Allows you to add selected dependents to the LTC Copayment Test from the above list. The dependent does not have to currently be an active dependent. This will only be allowed if you are adding or editing a LTC Copayment Test.
ES	Edit Spouse Demographics	Allows you to edit the demographics related to the spouse (e.g., Name, DOB, SSN, etc.)
RE	Remove from LTC Copay Test	Allows you to select dependent(s) to be removed from the LTC Copayment Test. This will only be allowed if you are adding or editing a LTC Copayment Test.
DD	Edit Dependent Demographics	Allows you to edit the demographics related to dependents.
XD	Expand Dependent	Allows you to select a specific dependent and view more information about that dependent. You can also select an action to edit the effective dates for that dependent.
MT	Marital/Dependent Info	Allows you to edit the veteran's marital status and spouse or dependent information specific to the LTC Copayment Test, such as Residing in the Community or Living with Spouse.

Add a New LTC Copayment Test, continued







The actions in the following table, although not displayed, are also available:

+	Next Screen	<	Shift View to Left	PS	Print Screen
-	Previous Screen	FS	First Screen	PL	Print List
UP	Up a Line	LS	Last Screen	SL	Search List
DN	Down a Line	GO	Go to Page	ADPL	Auto Display(On/Off)
>	Shift View to Right	RD	Re Display Screen	Q	Quit

8. Use the actions at the bottom of Screen 4 (FIXED AND LIQUID ASSETS) to enter dollar amounts for fixed and liquid assets for the current income year.
9. Use the actions at the bottom of Screen 5 (CURRENT CALENDAR YEAR GROSS INCOME) to enter gross income data for the current income year. You can enter a monthly amount by entering the amount followed by an asterisk (*), and the software will convert it to an annual amount. For example, if you enter 500*, the software will multiply the amount (500) times 12 (the number of months in a year) and convert it to an annual amount of 6,000. Fields that do not have to be completed for the veteran you selected will have an entry of N/A; these fields cannot be edited on this screen.
10. Use the actions at the bottom of Screen 6 (DEDUCTIBLE EXPENSES) to enter deductible expenses for the current income year. You can enter a monthly amount by entering the amount followed by an asterisk (*), and the software will convert it to an annual amount. For example, if you enter 500*, the software will multiply the amount (500) times 12 (the number of months in a year) and convert it to an annual amount of 6,000. Fields that do not have to be completed for the veteran you selected will have an entry of N/A; these fields cannot be edited on this screen.
11. The software prompts you to complete the LTC Copay test. “No” response returns you to Step 1; “Yes” response takes you to Step 12. (If the test cannot be completed because of missing or incomplete data, the software prompts you to edit the LTC Copayment Test. “Yes” response takes you to Screen 1 of the Edit a LTC Copayment Test option; “No” response returns you to the menu.)
12. Enter the date and time the test was completed (default is today’s date and current time).
13. The software prompts you to print the 10-10EC. “Yes” response takes you to Step 15; “No” response returns you to Step 1.
14. At the “PRINT 10-10EC? YES//” prompt, “Yes” prompt takes you to Step 15.
15. The software will ask if you want to queue the output. “No” response returns you to Step 1; “Yes” response takes you to Step 16.
16. Enter date and time to print the output.

Edit an Existing LTC Copayment Test

Before you start, please note:

-  The patient must have an existing LTC Copayment test in order to use this option.
-  After you select the patient name and test date, this option works the same as the “Add a New LTC Copayment Test” option.
-  All LTC Copayment Test financial information is for the CURRENT income year.
-  Current year marital status and spouse residing in community must be answered for accurate calculation of the LTC copayment amounts.
-  The prompts in this option were designed to follow the flow of VA Form 10-10EC. Refer to Appendix A of this manual for a sample VA Form 10-10EC.
-  Refer to Appendix B of this manual for sample data screens.

Use this option to

- Edit an existing LTC copayment test for a patient
- Complete an existing LTC copayment test
- Print completed VA Form 10-10EC for the selected patient

How to use this option

1. Select the patient for whom you are adding a LTC Copayment Test.
2. Enter the date of the test (the default is the current date).
3. The software displays the LTC Copayment information and the veteran’s LTC Copayment status.
4. If the veteran declines to give income information, go to Step 5. If the veteran agrees to give income information, go to Step 6.
5. The “Does the veteran agree to pay copayments? YES//” prompt appears only if the veteran declines to give income information. You can optionally enter comments. If the veteran does not agree to pay copayments, you are prompted to enter comments, then to print the 10-10EC.
6. Screens 1 (MILITARY SERVICE DATA) and 2 (ELIGIBILITY STATUS DATA) will display. (Refer to Appendix B of this manual to see samples of these screens.) You cannot edit the data on these screens via the LTC Copayment Menu options. To edit this data, use the Load/Edit Patient Data option in the Registration Menu of the Admission, Discharge, and Transfer (ADT) software.

Edit an Existing LTC Copayment Test, continued

7. Use the List Manager actions at the bottom of Screen 3 (MARITAL STATUS/DEPENDENTS), to enter the appropriate marital status and dependents information.

Action Short Name	Action Long Name	Description
DA	Spouse/Dependent Add	Allows you to add a new dependent. The dependent can either be a spouse or other dependents. The software will prompt for the LTC copayment test information questions if the dependent is added when using the Add a New LTC Copayment Test or Edit an Existing LTC Copayment Test options.
AD	Add to LTC Copay Test	Allows you to add selected dependents to the LTC Copayment Test from the above list. The dependent does not have to currently be an active dependent. This will only be allowed if you are adding or editing a LTC Copayment Test.
ES	Edit Spouse Demographics	Allows you to edit the demographics related to the spouse (e.g., Name, DOB, SSN, etc.)
RE	Remove from LTC Copay Test	Allows you to select dependent(s) to be removed from the LTC Copayment Test. This will only be allowed if you are adding or editing a LTC Copayment Test.
DD	Edit Dependent Demographics	Allows you to edit the demographics related to dependents.
XD	Expand Dependent	Allows you to select a specific dependent and view more information about that dependent. You can also select an action to edit the effective dates for that dependent.
MT	Marital/Dependent Info	Allows you to edit the veteran's marital status and spouse or dependent information specific to the LTC Copayment Test, such as Residing in the Community or Living with Spouse.

The actions in the following table, although not displayed, are also available:

+	Next Screen	<	Shift View to Left	PS	Print Screen
-	Previous Screen	FS	First Screen	PL	Print List
UP	Up a Line	LS	Last Screen	SL	Search List
DN	Down a Line	GO	Go to Page	ADPL	Auto Display(On/Off)
>	Shift View to Right	RD	Re Display Screen	Q	Quit




8. Use the actions at the bottom of Screen 4 (FIXED AND LIQUID ASSETS) to enter dollar amounts for fixed and liquid assets for the current income year.
9. Use the actions at the bottom of Screen 5 (CURRENT CALENDAR YEAR GROSS INCOME) to enter gross income data for the current income year. You can enter a monthly amount by entering the amount followed by an asterisk (*), and the software will convert it to an annual amount. For example, if you enter 500*, the software will multiply the amount (500) times 12 (the number of months in a year) and convert it to an annual amount of 6,000. Fields that do not have to be completed for the veteran you selected will have an entry of N/A; these fields cannot be edited on this screen.

Edit an Existing LTC Copayment Test, continued

10. Use the actions at the bottom of Screen 6 (DEDUCTIBLE EXPENSES) to enter deductible expenses for the current income year. You can enter a monthly amount by entering the amount followed by an asterisk (*), and the software will convert it to an annual amount. For example, if you enter 500*, the software will multiply the amount (500) times 12 (the number of months in a year) and convert it to an annual amount of 6,000. Fields that do not have to be completed for the veteran you selected will have an entry of N/A; these fields cannot be edited on this screen.
11. The software prompts you to complete the LTC Copay test. “No” response returns you to Step 1; “Yes” response takes you to Step 12. (If the test cannot be completed because of missing or incomplete data, the software prompts you to edit the LTC Copayment Test. “Yes” response takes you to Screen 1 of the Edit a LTC Copayment Test option; “No” response returns you to the menu.)
12. Enter the date and time the test was completed (default is today’s date and current time).
13. The software prompts you to print the 10-10EC. “Yes” response takes you to Step 15; “No” response returns you to Step 1.
14. At the “PRINT 10-10EC? YES//” prompt, “Yes” prompt takes you to Step 15.
15. The software will ask if you want to queue the output. “No” response returns you to Step 1; “Yes” response takes you to Step 16.
16. Enter date and time to print the output.

View a LTC Copayment Test

Before you start, please note:

-  The patient must have an existing LTC Copayment test in order to use this option.
-  This option allows you to view data only; it does not allow editing. Use the Edit an Existing LTC Copayment Test option if you want to edit the test.
-  Refer to Appendix B of this manual for sample data screens.

Use this option to

View a LTC Copayment test for a specified patient. You can view the following data screens while using this option:

- MILITARY SERVICE DATA, SCREEN <1>
- ELIGIBILITY STATUS DATA, SCREEN <2>
- MARITAL STATUS/DEPENDENTS, SCREEN <3>
- FIXED AND LIQUID ASSETS, SCREEN <4>
- CURRENT CALENDAR YEAR GROSS INCOME, SCREEN <5>
- DEDUCTIBLE EXPENSES, SCREEN <6>

How to use this option

1. Select the patient whose LTC Copayment test you want to view. The patient's enrollment information will be displayed.
2. Enter the date of the test you want to view (default is original test date). The patient's LTC Copayment Test information will be displayed.
3. Navigate through the data screens that were populated using the Add a New LTC Copayment Test option and/or Edit an Existing LTC Copayment options.

Print Application for Extended Care (1010-EC)

Before you start, please note:



The patient must have an existing LTC Copayment test in order to use this option.



You must specify a 132-column printer at the “DEVICE: HOME//” prompt; screen print of the form will be unreadable.



Refer to Appendix A of this manual to see a sample VA Form 10-10EC.






Use this option to print a completed VA Form 10-10EC, Application for Extended Care, for a selected patient.

How to use this option

1. Select the patient whose LTC Copayment test you want to print.
2. Enter the date of the test you want to print (default is original test date).
3. Select the name of the printer.
4. Specify whether to queue the print job. If yes, specify the date and time you want the form to print.

Calculated LTC Copayments Print

Before you start, please note:

-  The patient must have an existing LTC Copayment test in order to use this option.
-  Copayments will only be calculated and printed for patients with a LTC Copayment test status of NON-EXEMPT. Patients with a status of EXEMPT are not required to pay for LTC services.
-  This option provides *estimated* LTC copayment amounts only, as indicated in the disclaimer that prints at the bottom of each page when sent to a printer. If you choose to display the LTC copayment amounts on your screen, the disclaimer prints at the end of the output only.
-  This report might take a long time to generate. You should queue the output to print to a device other than your screen and specify a date and time to print.
-  Refer to Appendix C of this manual for calculation examples.

Use this option to display or print the calculated LTC copayments for a selected veteran. The output includes the following information:

- Formula(s) used for calculating copayments for both institutional and non-institutional extended care services for a 6-month period and for a period greater than 6 months
- Monthly totals for total income, total expenses, and total allowances
- Monthly totals for the veteran's estimated copayment amount (CALC COPAY)
- Monthly totals for the maximum copayment that could potentially be billed (MAX COPAY – this is the cap amount)
- Monthly totals for the estimated maximum copayment that the veteran would be responsible for paying (VET MAX COPAY – the lesser of either the CALC COPAY or MAX COPAY)

How to use this option

1. Select the patient whose estimated LTC copayments you want to display or print.
2. Select the date of the test for which you want to print or display LTC copayments (the default is the original test date).
3. Select a printer.
4. Specify whether to queue the print job. If yes, specify a device other than your screen and the date and time you want the form to print.

Calculated LTC Copayments Print, continued

Sample Output

The following is an example of printing the output to your screen. The format will differ slightly if you queue it to another print device.

Mar 22, 2002

Page: 1

LONG TERM CARE ESTIMATED COPAYMENTS FOR INSTITUTIONAL SERVICES

WALKER,WALKER

294385769

DOB: Sep 07, 1922

SINGLE

LTC COPAY REPORT START DATE: Mar 07, 2002

LTC COPAYMENTS FOR DAYS 1-180

COPAY CALC: TOTAL INCOME - TOTAL EXPENSES - TOTAL ALLOWANCE

TOT INCOME	4166	4166	4166	4166	4166	4166
TOT EXPENSES	470	470	470	470	470	470
TOT ALLOWANCE	620	600	620	600	620	620
CALC COPAY	3076	3096	3076	3096	3076	3076
MAX COPAY	3007	2910	3007	2910	3007	3007
VET MAX COPAY	3007	2910	3007	2910	3007	3007
	MAR'02	APR'02	MAY'02	JUN'02	JUL'02	AUG'02

LTC COPAYMENTS FOR DAYS 181+

COPAY CALC: (TOTAL ASSETS + TOTAL INCOME) - TOTAL ALLOWANCE

TOT ASSETS	112500	112500	112500	112500	112500	112500
TOT INCOME	4166	4166	4166	4166	4166	4166
TOT ALLOWANCE	600	620	600	620	620	560
CALC COPAY	116066	116046	116066	116046	116046	116106
MAX COPAY	2910	3007	2910	3007	3007	2716
VET MAX COPAY	2910	3007	2910	3007	3007	2716
	SEP'02	OCT'02	NOV'02	DEC'02	JAN'03	FEB'03

Calculated LTC Copayments Print, continued

Sample Output

Mar 22, 2002

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LONG TERM CARE ESTIMATED COPAYMENTS FOR NON-INSTITUTIONAL SERVICES

WALKER,WALKER 294385769 DOB: Sep 07, 1922
 SINGLE
 LTC COPAY REPORT START DATE: Mar 07, 2002

LTC COPAYMENTS FOR DAYS 1-180

COPAY CALC: TOTAL INCOME - TOTAL EXPENSES - TOTAL ALLOWANCE

TOT INCOME	4166	4166	4166	4166	4166	4166
TOT EXPENSES	470	470	470	470	470	470
TOT ALLOWANCE	620	600	620	600	620	620
CALC COPAY	3076	3096	3076	3096	3076	3076
MAX COPAY	465	450	465	450	465	465
VET MAX COPAY	465	450	465	450	465	465
	MAR'02	APR'02	MAY'02	JUN'02	JUL'02	AUG'02

LTC COPAYMENTS FOR DAYS 181+

COPAY CALC: TOTAL INCOME - TOTAL EXPENSES - TOTAL ALLOWANCE

TOT INCOME	4166	4166	4166	4166	4166	4166
TOT EXPENSES	470	470	470	470	470	470
TOT ALLOWANCE	600	620	600	620	620	560
CALC COPAY	3096	3076	3096	3076	3076	3136
MAX COPAY	450	465	450	465	465	420
VET MAX COPAY	450	465	450	465	465	420
	SEP'02	OCT'02	NOV'02	DEC'02	JAN'03	FEB'03

Calculated LTC Copayments Print, continued

Sample Output, continued

Mar 22, 2002

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IMPORTANT NOTICE: The copayment amounts shown in this report are estimates based on calculations of the copayment amount for an entire month. The copayment amounts will be adjusted to reflect the actual start date of LTC services and the copayment exemption for the first 21 days of service. The VET MAX COPAY amount is based on the assumption that the veteran will be responsible to pay the lesser of EITHER the calculated copayment (CALC COPAY) OR the maximum copayment (MAX COPAY). In the event that the calculated copayment (CALC COPAY) is a negative figure, the veteran maximum copayment (VET MAX COPAY) will be adjusted to zero (0). If the veteran declined to provide income information, the veteran will be obligated to pay the maximum copayment.

Mar 22, 2002

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EXPLANATION OF ASSET SPEND DOWN CALCULATION:

=====

The veteran's assets are included in the calculation of copayments after 180 days of institutional LTC services. The assets then may be reduced each month according to the following formula:

Single Veteran:

TOTAL ASSETS-(MAX COPAY-(INCOME-ALLOWANCE))

Married Veteran (spouse residing in the community):

TOTAL ASSETS-(MAX COPAY-(INCOME-EXPENSES-ALLOWANCE))

In other words, the assets will be reduced by the amount of the maximum copayment that is not covered by the veteran's income after all expenses and/or allowances are subtracted.

LTC Copay Exemption Test Menu

Overview

Option Name	Brief Description
Delete a LTC Copay Exemption Test	This option is used to delete a LTC Copayment Exemption Test which may have been inadvertently entered.
Edit an Existing LTC Copay Exemption Test	Edit existing LTC Copayment Exemption Test information.
LTC Copay Exemption Test View	This option allows a user to view a LTC Copay Exemption Test.
View LTC Copay Exemption Test Editing	<p>This option allows the user to view all changes made to a particular LTC Copayment Exemption Test for a patient. Some of the displayed information includes date of change, user who made the change, and the type of change. If a change involves a change to the test status, both the current and previous values are displayed.</p> <p>If a LTC Exemption Test is deleted, any associated changes are also deleted.</p>

Note: There is no Add option on this menu, because the LTC Copayment Exemption Test is created automatically based on the veteran's means test.

Delete a LTC Copay Exemption Test

Before you start, please note:



Deleting a LTC Copayment Exemption Test also deletes all changes associated with that test.



You cannot delete a LTC Copayment Exemption Test that was uploaded from the HEC.

Use this option to delete financial test data which may have been entered in error. For veterans, only individual dates of test may be deleted using this option. For non-veterans, all financial tests found may be deleted.

How to use this option

1. Select the patient whose LTC Copayment Exemption Test you want to delete.
2. The patient's eligibility, enrollment, Means Test, and LTC Copayment Exemption Test data will be displayed.
3. The software prompts you to verify that you want to delete the LTC Copayment Exemption Test. "No" response returns you to the menu; "Yes" response deletes the test and associated changes.

Edit an Existing LTC Copay Exemption Test

Before you start, please note:



A LTC Copayment Exemption Test must exist for the specified veteran before you can use this option.



Refer to Appendix B of this manual for sample data screens.

Use this option to

Edit an existing LTC Copayment Exemption Test and to complete the revised test.

How to use this option

1. Select the patient whose test that you want to edit. The patient's LTC Copayment Exemption Test data will be displayed.
2. Select the date of the test that you want to edit (the default is the original test date).
3. Use the actions available at the bottom of the data screen(s) to edit the patient's financial information.
4. Enter the date and time that the test was completed (the default is the date of the original test).
5. Indicate whether you want to print VA Form 10-10F, Financial Worksheet. YES response takes you to Step 6; NO response returns you to Step 1.
6. Select a printer. The output requires 132 columns.

LTC Copay Exemption Test View



The patient must have an existing LTC Copayment test in order to use this option.



This option allows you to view data only; it does not allow editing. Use the Edit an Existing LTC Copayment Exemption Test option if you want to edit the test.



Refer to Appendix B of this manual for sample data screens.

Use this option to

View a LTC Copayment Exemption Test for a specified patient. You can view the following data screens while using this option:

- MARITAL STATUS/DEPENDENTS, SCREEN <1>
- PREVIOUS CALENDAR YEAR GROSS INCOME, SCREEN <2>
- DEDUCTIBLE EXPENSES, SCREEN <3>

How to use this option

1. Select the patient whose LTC Copayment Exemption Test you want to view. The patient's enrollment information will be displayed.
2. Enter the date of the test you want to view (the default is the original test date). The patient's LTC Copayment Exemption Test information will be displayed.
3. Navigate through the data screens that were populated when the new LTC Copayment Test was created or edited.

View LTC Copay Exemption Test Editing



The patient must have an existing LTC Copayment test in order to use this option.

This option allows you to view data only; it does not allow editing. Use the Edit an Existing LTC Copayment Exemption Test option if you want to edit the test.

Use this option to

View all changes made to a LTC Copayment Exemption Test for a specified patient. If the test status was changed, both the current and previous statuses will be displayed. The output includes:

- Date and time of change
- Type of change
- User who made the change

How to use this option

1. Select the patient whose LTC Copayment Exemption Test you want to view.

Sample Output

PATIENT: WALKER, LTC

LTC EXEMPTION TEST DATE: 02/26/2002

VAMC LTC EXEMPTION TEST

CHANGES

Date	Type of Change	User
02/26/2002@16:13:49	ADD NEW COPAY EXEMPTION TEST	STELLA, KAREN
	OLD STATUS VALUE: <Nothing>	
	NEW STATUS VALUE: NON-EXEMPT	
	OLD SOURCE OF TEST: <Nothing>	
	NEW SOURCE OF TEST: VAMC	

Glossary

Acronym	Long Name	Description
API	Application Programmer Interface	
LTC	Long Term Care	
	LTC Copay Test	
	LTC Copay Exemption Test	
VA	Veterans Administration	
VISTA	VHA Information Systems and Technology Architecture	

Appendix A – Sample VA Form 10-10EC

DEPARTMENT OF VETERANS AFFAIRS		APPLICATION FOR EXTENDED CARE SERVICES	
SECTION I - GENERAL INFORMATION			
1. Veteran's Name WALKER, TEX		2. Social Security Number 121-21-0909	
Answer Yes or No where applicable (Otherwise provide the requested information)			
3. Are You Eligible for Medicaid?		3A. Are You Enrolled in Medicare Part A (Hospital Insurance)	
NO			
Are You Enrolled in Medicare Part B (Medical Insurance)		4A. Effective Date (If "Yes")	
NO			
		4B. Medicare Claim Number	
SECTION II - INSURANCE INFORMATION			
5. Are You Covered By Health Insurance (including coverage through a spouse)? (If "Yes", provide the following information for all insurance company(s) providing coverage to you.)			
NO			
6. Name of Insurance Company		6A. Address of Insurance Company	
6C. Name of Policy Holder		6D. Relationship of Policy Holder	
7. Name of Insurance Company		7A. Address of Insurance Company	
7C. Name of Policy Holder		7D. Relationship of Policy Holder	
8. Name of Insurance Company		8A. Address of Insurance Company	
8C. Name of Policy Holder		8D. Relationship of Policy Holder	
SECTION III - SPOUSE/DEPENDENT INFORMATION			
9. Spouse's Name (Last, First, MI)			
9A. Spouse Residing in the Community?		9B. Spouse's Social Security Number	
10. Dependent's Name (Last, First, MI)		10A. Dependent's Date of Birth	
10C. Dependent Residing in the Community?		10B. Dependent's Social Security Number	
11. Dependent's Name (Last, First, MI)		11A. Dependent's Date of Birth	
11C. Dependent Residing in the Community?		11B. Dependent's Social Security Number	
We need to collect information regarding income, assets, and expenses for you and your spouse. If you do not wish to provide this information you must sign agreeing to make copayments and will be charged the maximum copayment amount for all services. See the top of page 2, read, sign, and date.			
VA FORM 10-10EC DEC 2000			
PRINTED: Apr 19, 2002@14:26:41		Clerk: KS	
		Page 1	

Sample

APPLICATION FOR EXTENDED CARE SERVICES, Continued		Veteran's Name	Social Security Number
		WALKER, TEX	121-21-0909
I do not wish to provide my detailed financial information. I understand that I will be assessed the maximum copayment amount for extended care services and agree to pay the applicable VA copayment as required by law.			
Signature		Date	
SECTION IV - FIXED ASSETS (VETERAN AND SPOUSE)		VALUE	
1. Residence (Market value minus any outstanding mortgage or lien - exclude if veteran receiving only non-institutional services or spouse or dependent residing in community).		\$ 80000.00	
2. Other Residences/Land/Farm or Ranch (Market value minus any outstanding mortgage or lien)		\$ 0.00	
3. Vehicle(s)* (Value minus any outstanding lien - exclude if veteran is receiving only non-institutional services or spouse or dependent residing in community).		\$ 10000.00	
SUBTOTAL (Sum of lines 1 through 3)		\$ 90000.00	
SECTION V - LIQUID ASSETS (VETERAN AND SPOUSE)		VALUE	
1. Cash, e.g., interest, dividends from IRA, 401K's and other tax deferred annuities (including checking, savings, money market, etc.)		\$ 9000.00	
2. Stocks, bonds, mutual funds, SEP's, and other retirement accounts (e.g., IRA, 401K, annuities, self-employed person)		\$ 3000.00	
3. Other Liquid Assets (Includes such items as stamp or coin collections, art work, collectibles household furniture and other household goods, clothing, jewelry, and personal items minus amount owed).		\$ 0.00	
SUBTOTAL (Sum of lines 1 through 3)		\$ 12000.00	
SUM OF ALL LINES FIXED AND LIQUID ASSETS		TOTAL ASSETS \$ 102000.00	
CATEGORY	VETERAN	SPOUSE	
Current income, e.g. gross income (including, but not limited to, wages and income from a business, bonuses, tips, severance pay, accrued benefits, cash gifts)	\$ 0.00	\$ 0.00	
Social Security Retirement/Disability	\$ 25200.00	\$ 0.00	
Interest/Dividends (i.e., interest income, standard dividend income from non tax deferred annuities)	\$ 400.00	\$ 0.00	
Retirement and Pension income	\$ 26300.00	\$ 0.00	
Civil Service Retirement	\$ 0.00	\$ 0.00	
US Railroad Retirement	\$ 0.00	\$ 0.00	
VA Pension	\$ 0.00	\$ 0.00	
Spouse VA disability/compensation	\$ 0.00	\$ 0.00	
Unemployment Benefits/Compensation	\$ 0.00	\$ 0.00	
Other compensation, e.g. Workers Compensation and Black Lung	\$ 0.00	\$ 0.00	
Military Retirement	\$ 0.00	\$ 0.00	
Other Retirement	\$ 0.00	\$ 0.00	
Court Mandated (e.g. alimony, child support) (Veteran and Spouse)	\$ 0.00	\$ 0.00	
Other Income (i.e., inheritance amounts, tort settlement payments)	\$ 0.00	\$ 0.00	
TOTALS	\$ 51900.00	\$ 0.00	

VA FORM 10-10EC DEC 2000 PRINTED: Apr 19, 2002@14:26:41 Clerk: KS Page 2

Sample

APPLICATION FOR EXTENDED CARE SERVICES, Continued		Veteran's Name	Social Security Number
		WALKER, TEX	121-21-0909

SECTION VI - EXPENSES

ITEMS	AMOUNT
1. Education (veteran, spouse or dependent)	\$ 0.00
2. Funeral and Burial (spouse or child)	\$ 0.00
3. Rent/Mortgage	\$ 0.00
4. Utilities	\$ 4200.00
5. Car Payment Only (excludes gas, insurance, parking fees)	\$ 0.00
6. Food	\$ 840.00
7. Non-reimbursed medical expenses	\$ 0.00
8. Court-ordered payments	\$ 0.00
9. Insurance (exclude life insurance)	\$ 0.00
10. Taxes (on any amount include in gross income, property, personal)	\$ 0.00
TOTAL	\$ 5040.00

SECTION VII - CONSENT FOR ASSIGNMENT OF BENEFITS

I hereby authorize the Department of Veterans Affairs to disclose any such history, diagnostic and treatment information from my medical records to the contractor of any health plan contract under which I am apparently eligible for medical care or payment of the expense of care or to any other party against whom liability is asserted. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken in reliance on it. Without my express revocation, this consent will automatically expire when all action arising from VA's claim for reimbursement from my medical care has been completed. I authorize payment of medical benefits to VA for any services for which payment is accepted.

Signature _____ Date _____

SECTION VIII - CONSENT AND AGREEMENT TO MAKE COPAYMENTS

Completion of this form with signature of the Veteran or veteran's representative is certification that the veteran/representative has received a copy of the Privacy Act Statement and agrees to make appropriate copayments.

I certify the foregoing statement(s) are true and correct to the best of my knowledge and belief and agree to make the applicable copayment for extended care services as required by law.

Signature _____ Date _____

Additional Comments _____

Sample

Appendix B – LTC Copayment Data Screen Examples

This section provides examples of the data screens you will see when using the options associated with the LTC Copayments and LTC Copay Exemption Test Menus. The following table provides an overview of the data screens associated with each menu option.

LTC Copayments Menu	
Add a New LTC Copayment Test Edit an Existing LTC Copayment Test View a LTC Copayment Test	<ul style="list-style-type: none"> • MILITARY SERVICE DATA, SCREEN <1> • ELIGIBILITY STATUS DATA, SCREEN <2> • MARITAL STATUS/DEPENDENTS, SCREEN <3> • FIXED AND LIQUID ASSETS, SCREEN <4> • CURRENT CALENDAR YEAR GROSS INCOME, SCREEN <5> • DEDUCTIBLE EXPENSES, SCREEN <6>
LTC Copay Exemption Test Menu	
Edit an Existing LTC Copay Exemption Test LTC Copay Exemption Test View	<ul style="list-style-type: none"> • MARITAL STATUS/DEPENDENTS, SCREEN <1> • PREVIOUS CALENDAR YEAR GROSS INCOME, SCREEN <2> • DEDUCTIBLE EXPENSES, SCREEN <3>

```

                                MILITARY SERVICE DATA, SCREEN <1>
WALKER, LTC   542-90-6754                                LTC COPAY TEST FOR 2002
=====
Service Branch      Service #      Entered      Separated      Discharge
-----
ARMY                542906754      UNKNOWN      UNKNOWN      UNKNOWN
  POW:      From:      To:      War:
  Combat:   From:      To:      Loc:
  Vietnam:  From:      To:
  A/O Exp.:  Reg:      Exam:      A/O#:
  ION Rad.:  Reg:      Method:
  Lebanon:   From:      To:
  Grenada:   From:      To:
  Panama:    From:      To:
  Gulf War:  From:      To:
  Somalia:   From:      To:
  Env Contam: Reg:      Exam:
  Mil Disab: UNANSWERED
  Dent Inj:
  Yugoslavia: From:      To:      Teeth Extracted:
  Purple Heart:
  N/T Radium:

```

Appendix B – LTC Copayment Data Screen Examples

```

                ELIGIBILITY STATUS DATA, SCREEN <2>
WALKER,LTC  542-90-6754                                LTC COPAY TEST FOR 2002
=====
      Patient Type: NSC VETERAN                                Veteran: YES
      Svc Connected: NO                                       SC Percent: N/A
      Rated Incomp.: NO
      Claim Number: UNANSWERED
      Folder Loc.: UNANSWERED
      Aid & Attendance: NO                                    Housebound: NO
      VA Pension: NO                                         VA Disability: NO
      Total Check Amount: NOT APPLICABLE
      GI Insurance: UNANSWERED                                Amount: UNANSWERED
      Primary Elig Code: NSC
      Other Elig Code(s): NO ADDITIONAL ELIGIBILITIES IDENTIFIED
      Period of Service: WORLD WAR II

      Service Connected Conditions as stated by applicant
      -----
      NONE STATED
  
```

```

Spouse/Dependents Module      Mar 12, 2002@16:21:29      Page:    1 of    1
                MARITAL STATUS/DEPENDENTS, SCREEN <3>
Patient: WALKER,LTC (542-90-6754)                        Outpatient
      LTC  Patient/Dependent      Relationship      Active
      1 *   WALKER,LTC            SELF            *
                Married This Year:  Yes
      Spouse Residing in Community:  Yes
                Living with Spouse:  Yes
      2 *   WALKER,ALMA          SPOUSE            *
  
```

```

                Enter ?? for more actions
DA Spouse/Dependent Add      AD Add to LTC Co pay Test
ES Edit Spouse Demographics  RE Remove from LTC Co pay Test
DD Edit Dependent Demographics  XD Expand Dependent
MT Marital/Dependent Info
Select Action:Quit//
  
```

Appendix B – LTC Copayment Data Screen Examples

```

                FIXED AND LIQUID ASSETS, SCREEN <4>
WALKER,LTC  542-90-6754                                LTC COPAY TEST FOR 2002
=====
                                Veteran and Spouse                                Total
                                -----
[1]  Residence                                $85000.00                                $85000.00
[2]  Other Residences/Land/Farm                -                                    -
[3]  Vehicle(s)                                $12000.00                                $12000.00
[4]  Cash                                    $6000.00                                $6000.00
[5]  Stocks, Bonds, Mutual Fund                -                                    -
[6]  Other Liquid Assets                        -                                    -
                                           Total --> $103000.00

```

<RET> to CONTINUE, 1-6 or 'ALL' to EDIT, ^N for screen N, or '^' to EXIT:

```

                CURRENT CALENDAR YEAR GROSS INCOME, SCREEN <5>
WALKER,LTC  542-90-6754                                LTC COPAY TEST FOR 2002
=====
                                Veteran                                Spouse                                Total
                                -----
[1]  Current Income                                -                                    -                                    -
[2]  Soc. Sec. Retire/Disable                $14400.00                                -                                $14400.00
[3]  Interest/Dividends                        -                                    -                                    -
[4]  Retirement/Pension Income                $15600.00                                -                                $15600.00
[5]  Civil Service Retirement                    -                                    -                                    -
[6]  U.S. Railroad Retirement                    -                                    -                                    -
[7]  VA Pension                                N/A                                    -                                    -
[8]  Spouse VA Disabil/Compens                N/A                                    -                                    -
[9]  Unemployment Benefit/Comp                    -                                    -                                    -
[10] Other Compensation                        -                                    -                                    -
[11] Military Retirement                        -                                    -                                    -
[12] Other Retirement                          -                                    -                                    -
[13] Court Mandated                            -                                    -                                    -
[14] Other Income                              -                                    -                                    -
                                           Total --> $30000.00

```

<RET> to CONTINUE, 1-14 or 'ALL' to EDIT, ^N for screen N, or '^' to EXIT:

Appendix B – LTC Copayment Data Screen Examples

```

                                DEDUCTIBLE EXPENSES, SCREEN <6>
WALKER,LTC  542-90-6754                                LTC COPAY TEST FOR 2002
=====
                                Veteran and Spouse                                Total
                                -----
[1]  Education                                -                                -
[2]  Funeral and Burial                        -                                -
[3]  Rent/Mortgage                            -                                -
[4]  Utilities                                $2760.00                        $2760.00
[5]  Car Payment Only                          -                                -
[6]  Food                                      $4200.00                        $4200.00
[7]  Non-reimbursed Medical Exp                $800.00                        $800.00
[8]  Court-ordered Payments                    -                                -
[9]  Insurance                                -                                -
[10] Taxes                                    $1000.00                        $1000.00
                                Total -->                        $8760.00

```

<RET> to CONTINUE, 1-10 or 'ALL' to EDIT, ^N for screen N, or '^' to EXIT:

Appendix C – LTC Copayment Calculation Examples

Institutional Extended Care Services

Scenario #1:

Patient is receiving institutional extended care. The spouse is residing in the community (in primary residence). Patient has been in extended care for less than 180 days.

Copayment Calculation =

Veteran and Spouse Income *minus* Allowance (spouse and veteran) *minus* Expenses

Scenario #2:

Patient is receiving institutional extended care. The spouse is residing in the community (in primary residence). Patient has been in extended care for 181 days or more.

Copayment Calculation =

Fixed assets (minus primary residence and one vehicle) *plus* Liquid Assets *plus* Veteran and Spouse Income *minus* Allowance (spouse and veteran) *minus* Expenses

Scenario #3

Patient receiving institutional extended care. Spouse institutionalized. Patient has been in extended care for 180 days or less.

Copayment Calculation =

Income (veteran and spouse) *minus* Allowance (veteran only) *minus* Expenses

Scenario #4

Patient receiving institutional extended care. Spouse institutionalized. Patient has been in extended care for 181 days.

Copayment Calculation =

Fixed assets (minus primary residence and one vehicle) *plus* Liquid Assets *plus* Income (veteran and spouse) – Allowance (veteran only)

Scenario #5:

Patient is receiving institutional extended care. The patient and spouse reside in separate residences. Patient has been in extended care for less than 180 days.

Copayment Calculation =

Veteran and Spouse Income *minus* Allowance (spouse and veteran) *minus* Expenses

Scenario #6

Patient is receiving institutional extended care. The patient and spouse reside in separate residences. Patient has been in extended care for 181 days or more.

Copayment Calculation =

Fixed assets (minus both primary residence and vehicles of veteran and spouse) *plus* Liquid Assets *plus* Veteran and Spouse Income *minus* Allowance (spouse and veteran) *minus* Expenses

Scenario #7

Patient is receiving institutional extended care. Patient has no spouse or dependent residing in the community (single veteran). Patient has been in extended care less than 180 days.

Copayment Calculation =

Income *minus* Allowance (veteran) *minus* Expenses

Scenario #8

Patient is receiving institutional extended care. Patient has no spouse or dependent residing in the community(single veteran). Patient has been in extended care for 181 days or more.

Copayment Calculation =

Fixed assets (including primary residence and vehicle) *plus* Liquid Assets *plus* Income – Allowance (veteran)

Non Institutional Extended Care Services

Scenario #1

Patient is receiving non-institutional extended care services. There is no spouse in the community(single veteran).

Copayment Calculation =

Income (veteran) *minus* Allowance (veteran) *minus* Expenses

Scenario #2

Patient is receiving non-institutional extended care services. A spouse or dependent resides in the community(single veteran).

Copayment Calculation =

Income (veteran and spouse) *minus* Allowance (veteran and spouse) *minus* Expenses

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